2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# 753191

Entity Name: PALM BEACH HARBOUR CLUB ASSOCIATION, INC.

Current Principal Place of Business:

3545 SOUTH OCEAN BLVD
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

3545 SOUTH OCEAN BLVD
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 59-2125254 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEUINE, JAY S
2500 N. MILITARY TRAIL
SUITE 275
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SERGIACOMI, LOUIS
Address: 3545 S. OCEAN BLVD., #208
City-St-Zip: S PALM BCH, FL

Title: T ( ) Delete
Name: NISARONE, PAUL
Address: 3545 S OCEAN BLVD
City-St-Zip: S. PALM BEACH, FL 33480

Title: D ( ) Delete
Name: RAYNOR, ROBERT
Address: 3545 S OCEAN BLVD #409
City-St-Zip: S. PALM BEACH, FL

Title: D ( ) Delete
Name: CLAYMON, DONALD
Address: 3545 S OCEAN BLVD
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete
Name: SEMER, CLARE
Address: 3545 S OCEAN BLVD 111
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SERGIACOMI, LOUIS
Address: 3545 S. OCEAN BLVD., #208
City-St-Zip: S PALM BCH, FL 33480

Title: T (X) Change ( ) Addition
Name: VISCONE, PAUL
Address: 3545 S OCEAN BLVD
City-St-Zip: S. PALM BEACH, FL 33480

Title: D (X) Change ( ) Addition
Name: RAYNOR, ROBERT
Address: 3545 S OCEAN BLVD #409
City-St-Zip: S. PALM BEACH, FL 33480

Title: D (X) Change ( ) Addition
Name: TAGLIABUE, CHARLES
Address: 3545 S OCEAN BLVD
City-St-Zip: PALM BEACH, FL 33480

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS SERGIACOMI PRES 01/05/2009

Electronic Signature of Signing Officer or Director — Date